

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e			· · · · · · · · · · · · · · · · · · ·	,		•	ne form for ea	ach bus route that
Due Dates All Routes				To Cor Octobe	unty Supt er 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	r	District	Name		Legal Entity Number
Lincoln			27			Public Schools		0519 0520
Route #	3				Type of	f Service □ Bus Route Mil □ Non Bus Milea	•	Rated Capacity
3	51				Bus R	toute Mileage		71
Vehicle I.D. # 4362		License 347	#	[Owned C ct - If so, Name of Owner cted rate per mile	istrict Own	ed
Reimbursement Distribution- En	iter the		ntity number and perc				aid to each dis	trict. Note: Percentages
Legal Entity		Legal E	n		ch budget Legal E	!	Legal Entit	
0519		Logai L	0520		Loga. L	············	Logar Line	,
% 60.00		%	40.00		%		%	
PASSENGER INFORMATION		70	40.00		70		70	•
Number of Preschool/Kindergar riding this route	ten pu	ıpils	ELEMENTAR` (Grades F		RS	HIGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMB	FD		b NUMBER		c a + b
Regular (include eligible Preschool/k riders)	Kinderg	arten	NOND	LIX		NOWBER		a · b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)	jarterri	iders)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees		<u>, </u>	- F - · · · ·				Date	
County 1 This Application for Registration area assigned to it by the Count	of Sc	hool Bus	and State Reimburs			accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta	_						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								one form for e	ach bus route that
Due Dates All Routes		-			To Cou Octobe	nty Supt	t To OPI October 15		Rate Per Mile \$1.57
County Name			С	ounty Number		District	Name		Legal Entity Number
Lincoln				7	Troy Public Schools				0519 0520
Route #				les per day)		Type of	f Service □ Bus Route M □ Non Bus Mile		Rated Capacity
5 52					Bus R	toute Mileage	ago	71	
Vehicle I.D. # License #					District	: Owned ct - If so, Name of Owner	District Owr	ied	
2231		333					cted rate per mile		
Reimbursement Distribution- Er	iter the	e legal er	ntity nu			f state/co h budget		aid to each dis	strict. Note: Percentages
Legal Entity 0519		Legal E	ntity 0520			Legal E		Legal Enti	ty
0319			0320						
% 60.00		%	40.00			%		%	
PASSENGER INFORMATION				ELEMENTARY	DIDED	3	LIICH SCHOOL B	IDEBS	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	ipils		(Grades Ph		5	HIGH SCHOOL R (Grades 9-12		ELIGIBLE RIDERS
				a NUMBER	D		b NUMBER		c a+b
Regular (include eligible Preschool/k riders)	Kinderg	arten		NOMBE	11		NOMBER		a + 5
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)	janten n	ideis)							
TOTAL RIDERS									
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Signature - Chair, Board of Trustees								Date	
County 1 This Application for Registration area assigned to it by the Count	of Scl	hool Bus	and St	tate Reimburser			accordance with Section eviewed and I certify that thi		
Signature - Chair, County Transport	_							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement			· · · · · ·	,		•	one form for ea	ach bus route that
Due Da All Rout				To Co Octob	ounty Supt per 1	To OPI October 15		Rate Per Mile \$1.57
County Name			County Numb	oer	District	Name		Legal Entity Number
Lincoln			27			Public Schools		0519 0520
Route #	oute # Length of Route (miles per day)				Type of	Service Bus Route Mil Non Bus Milea	•	Rated Capacity
6	41.				Bus R	oute Mileage		71
Vehicle I.D. # 5703		License 495	: #			Owned C ct - If so, Name of Owner cted rate per mile	istrict Own	ed
Reimbursement Distribution-	Enter th	e legal er	ntity number and pe		of state/co	unty reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity		Legal E	Entity	must ma	tch budget Legal E		Legal Entity	V
0519		J	0520			,		
% 60.00		%	40.00		%		%	
PASSENGER INFORMATION	V	70	40.00		70		70	
Number of Preschool/Kinderg riding this route	arten pi	upils	ELEMENTA (Grade	RY RIDEI s PK-8)	R S	HIGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
				a IBER		b NUMBER		c a+b
Regular (include eligible Preschool riders)	ol/Kinder	garten	11011	IDEIX		HOMBER		u · b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Relat	ed Servio	се						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e miles OR nonresident and no atte agreement) (Include ineligible Preschool/Kindi	ndance							
Nonpublic School Riders (ineligibl		,						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for bus operates on the route as								
Signature - Chair, Board of Truste		•	10.0				Date	
County This Application for Registrati area assigned to it by the Cou	on of So	chool Bus	s and State Reimbu			accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transpo							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This fame is no mind in a second		1- 00 (Ob t 40 D t 4 MOA	0-11-1	- ti - t - cc i - i - 1			
This form is required in accorda receives state reimbursement e								
Due Date:	s:		To C	ounty Sup	t 1	Го ОРІ		Rate Per Mile
All Routes	•		Octo	ber 1	1	October 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Lincoln			27	Troy I	Troy Public Schools			0519 0520
Route # Length of Route (miles per day			(miles per day)		f Service	Bus Route Mile	•	Rated Capacity
4 30.4				Bus F	loute Milea	Non Bus Milea	ge	71
Vehicle I.D. # License #				□ Distric	Owned	D	istrict Own	ed
9367	233	3			ct - If so, Nam cted rate per			
Reimbursement Distribution- Er				sement to be pa	id to each dis	trict. Note: Percentages		
Legal Entity	Lega	al Entity		atch budge Legal E			Legal Entity	y
0519		0:	520					
% 60.00	O,	6 40	0.00	%			%	
PASSENGER INFORMATION	,	0 10		70			7.0	
Number of Preschool/Kindergar	ten pupils		ELEMENTARY RIDE (Grades PK-8)	RS	HIGI	H SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route			,			,		
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/liriders)	Kindergarten		NOWBER			NOMBLIX		a i b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderd								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus wi								
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	us and bus ro	oute by t	the State Superintendent; to	make such i	eports to the St	ate Superintende	nt and County S	Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from sol	ensed, qualifi	ed and a	approved driver to operate s	uch vehicle a	is required by 2		ngnway r allore	and the state
We understand that violations of this bus route.						t cause for withho	lding of state ar	nd county reimbursement for
We agree that if this route crosse the school boards of both districts sh			•		, , ,	agreement betwe	en Boards, 20-	10-126(2) MCA, signed by
We understand route changes of accordance with 20-10-132, MCA.						d approval of the	County Transpo	ortation Committee in
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees Date Date								
County	Francosto	tion Ca	ommittee Approval as r	oguirod i-	accordance	with Section 3	0-10-132 MO	•^
This Application for Registration area assigned to it by the County	of School I	Bus an	d State Reimbursement					
Signature - Chair, County Transport							Date	



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This form is required in accorda receives state reimbursement e		,			•		
Due Dates All Routes				County Sup	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Lincoln			27		Public Schools		0519 0520
Route #	Length of Route (miles per day)			Type o	f Service □ Bus Route Mi □ Non Bus Mile	•	Rated Capacity
7	16.3			Bus F	Route Mileage	ŭ	72
Vehicle I.D. #		License #		☐ Distric	t Owned E lct - If so, Name of Owner	District Own	ed
0482		323			cted rate per mile		
Reimbursement Distribution- Er	nter the	legal entity		e of state/co atch budge		aid to each dis	trict. Note: Percentages
Legal Entity 0519		Legal Enti	ty 0520	Legal E	intity	Legal Entity	у
						_	
% 60.00		% 40	0.00	%		%	
PASSENGER INFORMATION		T	ELEMENTARY RIDI	-RS	HIGH SCHOOL RI	DERS	TOTAL
Number of Preschool/Kindergar riding this route	ten pur	pils	(Grades PK-8)		(Grades 9-12		ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/hriders)	Kinderga	arten					
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service	•					
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ders)					
TOTAL RIDERS							
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I certify that this application for rous operates on the route as ap							
Signature - Chair, Board of Trustees		•	,		, ,	Date	
County 1 This Application for Registration area assigned to it by the Count	of Sch	nool Bus ar	nd State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transport	•	•				Date	



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This form is required in accordar receives state reimbursement ev								
Due Dates All Routes	::			County ober 1	y Supt	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	D	District I	Name		Legal Entity Number
Lincoln Route #	Length of Route (miles per day)			Troy Public Schools Type of Service □ Bus Route N				0519 0520 Rated Capacity
2 128.6				В	Bus R	□ Non Bus Milea oute Mileage	age	72
Vehicle I.D. #	Vehicle I.D. # License #					Owned E ct - If so, Name of Owner	District Own	ed
0167	375				Contrac	cted rate per mile		
Reimbursement Distribution- En	ter the legal	entity	number and percentag must m				aid to each dis	trict. Note: Percentages
Legal Entity 0519	Legal	Entity 05	520	Le	egal Er	ntity	Legal Entity	y
% 60.00	%	40.	00		%		%	
PASSENGER INFORMATION		I	ELEMENTA DV DID	EDO		LIIOLL GOLIOOL BI	DEDO	TOTAL
Number of Preschool/Kindergard riding this route	en pupils		ELEMENTARY RID (Grades PK-8)	EKS		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/kriders)	indergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)							
TOTAL RIDERS								
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I certify that this application for r bus operates on the route as ap							sportation Con	
Signature - Chair, Board of Trustees							Date	
County T This Application for Registration area assigned to it by the Count	of School B	us and	State Reimbursement			accordance with Section 2 viewed and I certify that this		
Signature - Chair, County Transporta							Date	



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Due Dates All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Lincoln			27		Public Schools		0519 0520
Route #	3			Type o	f Service ☐ Bus Route Mi ☐ Non Bus Mile:		Rated Capacity
1 89.7				Bus F	Route Mileage	ago	75
Vehicle I.D. # License #				□ Distric □ Contra	t Owned E lct - If so, Name of Owner	District Own	ed
1678	44	44			cted rate per mile		
Reimbursement Distribution- En	ter the le	gal entity		e of state/co		aid to each dis	trict. Note: Percentages
Legal Entity 0519	Le	egal Entity	1	Legal E		Legal Entit	у
0519		00	520				
% 60.00		% 40.	00	%		%	
PASSENGER INFORMATION			ELEMENTA DV DID		LUCULOGUESI DI	DEDO	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils	S	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/k riders)	Cindergarte	en	NOWBER		NOMBER		a · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance	re)					
Nonpublic School Riders (ineligible)	arten naci	13)					
TOTAL RIDERS							
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Signature - Chair, Board of Trustees						Date	
County T This Application for Registration area assigned to it by the Count	of School	ol Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

1 copy concor bisti

This form is required in accordar receives state reimbursement ev	nce with Title	20, Chapter 10, Part 1, MCA	A. School dis	strict official must complete	one form for e	ach bus route that
		-				Rate Per Mile
Due Dates All Routes	:		County Supt ober 1	t To OPI October 15		\$1.80
County Name		County Number	District	Name		Legal Entity Number
Lincoln		27	Libby	K-12 Schools		0522
Route #	Length of Route (miles per day)			f Service Bus Route N		Rated Capacity
6	161.4		Bus R	□ Non Bus Mil Route Mileage	eage	88
Vehicle I.D. #	Licens	e#	□ District	t Owned	Contractor (
0507	F675		□ Contra	act - If so, Name of Owner acted rate per mile		
Reimbursement Distribution- En	ter the legal		e of state/co		paid to each dis	strict. Note: Percentages
Legal Entity	Legal	Entity	Legal E		Legal Enti	ty
0522						
% 100.00	%		%		%	
PASSENGER INFORMATION						_
Number of Preschool/Kindergart	en pupils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
riding this route		((**************************************	,	
		а		b		С
Regular (include eligible Preschool/K	indergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda						
agreement) (Include ineligible Preschool/Kinderg						
Nonpublic School Riders (ineligible)	arteri fideraj					
TOTAL RIDERS						
We hereby certify that this bus wil	I onerate entire	ely on the route established by th	e Board of Tri	ustees and within the transport	ation area assign	ed and approved by the
County Transportation Committee. We agree to supervision of this burequired; to provide a vehicle which r	Ve further certius and bus rounted the miniter of t	fy that this bus transports pupils ee by the State Superintendent; t num standards as established b	eligible for sch o make such r y the Board of	nool transportation as defined be reports to the State Superinten Public Education, the Montana	by 20-10-101, MC dent and County a Highway Patrol	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of t	citing or causin	g others to solicit students from	other transpor	tation areas.		nd county reimbursement for
this bus route. We agree that if this route crosses	s district lines a	and transports students from outs	side the distric	et, a copy of the agreement bet	ween Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sh We understand route changes on accordance with 20-10-132, MCA.					e County Transp	ortation Committee in
I certify that this application for rebus operates on the route as ap						
Signature - Chair, Board of Trustees	, , , , , , , , , , , , , , , , , , , ,			5 y 30wy 110	Date	
					00.40.400.555	
This Application for Registration area assigned to it by the County	of School Bu					
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					mplete one form for e	each bus route that
	· ·		, ,			Rate Per Mile
Due Dates All Routes		Octo	ounty Supt per 1	t To OPI Octobe		\$1.15
County Name		County Number	District	Name		Legal Entity Number
Lincoln		27	Libby	K-12 Schools		0522
Route #				Service Bus R	oute Mileage	Rated Capacity
15		Bus R	⊔ Non B toute Mileage	us Mileage	59	
Vehicle I.D. #	License #	1	□ District	: Owned	Contractor	
2148	H427		□ Contra	cted rate per mile		chool Bus Service
Reimbursement Distribution- Er	nter the legal enti		of state/co		to be paid to each di	strict. Note: Percentages
Legal Entity	Legal En		Legal E		Legal Ent	ity
0522						
% 100.00	%		%		%	
PASSENGER INFORMATION	_					
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS		OOL RIDERS les 9-12)	TOTAL ELIGIBLE RIDERS
riding this route						
		a NUMBER		NII II	b MBED	C
Regular (include eligible Preschool/l	Kindergarten	NUMBER		INU	MBER	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend						
agreement) (Include ineligible Preschool/Kinderd	arten riders)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w	ill operate entirely o	on the route established by the	Board of Tru	ustees and within the tra	ansportation area assigr	ned and approved by the
County Transportation Committee. We agree to supervision of this b						
required; to provide a vehicle which Superintendent; and to provide a lice						and the State
We also agree to refrain from sol We understand that violations of					for withholding of state a	and county reimbursement for
this bus route. We agree that if this route crosse			•		· ·	,
the school boards of both districts si We understand route changes of accordance with 20-10-132, MCA.	nall be attached to	the county superintendent's co	py of this do	cument.		
I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees		are a anoportation ser		see.grica by the ooth	Date	
This Application for Registration area assigned to it by the Country	of School Bus a					
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance w	vith Title 20, 0	Chapter 10, Part 1, MCA	. School dis	strict official must complete of	one form for ea	ach bus route that		
receives state reimbursement even th	nough transpo	ortees of another legal e	ntity may ut	ilize the services.		Rate Per Mile		
Due Dates: All Routes			ounty Supt	To OPI October 15		\$1.80		
All Notics		000	Dei i	October 13	,	ψ1.00		
County Name		County Number	District	Name		Legal Entity Number		
Lincoln		27	Libby	K-12 Schools		0522		
Route # Leng	Route # Length of Route (miles per day)			Service Bus Route Mil Non Bus Miles	•	Rated Capacity		
18A 30			Bus R	oute Mileage	age	84		
Vehicle I.D. #	License #		□ District		Contractor C			
4896	D516			ct - If so, Name of Owner L cted rate per mile	Harlows Scr	nool Bus Service		
Reimbursement Distribution- Enter the	e legal entity		of state/co		aid to each dis	trict. Note: Percentages		
Legal Entity	Legal Entity		Legal E		Legal Entity	y		
0522								
% 100.00	%		%		%			
PASSENGER INFORMATION	70		70		70	-		
Number of Preschool/Kindergarten pu	ıpils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
riding this route		(5.5555.1.5)		(0.0000 0 1-	,			
		а		b		С		
Regular (include eligible Preschool/Kinderg	garten	NUMBER		NUMBER		a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service	ce							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under a miles OR nonresident and no attendance	3							
agreement) (Include ineligible Preschool/Kindergarten r	riders)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will opera County Transportation Committee. We furl								
We agree to supervision of this bus and required; to provide a vehicle which meets								
Superintendent; and to provide a licensed, We also agree to refrain from soliciting of					0 ,			
We understand that violations of the law this bus route.	vs, rules or reg	ulations governing school tr	ansportation v	will be sufficient cause for withhou	olding of state ar	nd county reimbursement for		
We agree that if this route crosses distri the school boards of both districts shall be					een Boards, 20-1	10-126(2) MCA, signed by		
We understand route changes occurring accordance with 20-10-132, MCA.					County Transpo	rtation Committee in		
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date								
	manufatta C			annudanes soldi. O	0 40 400 110	<u> </u>		
This Application for Registration of Sc area assigned to it by the County Tran	chool Bus and	d State Reimbursement		accordance with Section 2 viewed and I certify that this				
Signature - Chair, County Transportation C					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e								2 / 2 14"
Due Dates	s:		To Co	ounty Supt	To	OPI	1	Rate Per Mile
All Routes	i		Octob	per 1	0	ctober 15	\$	\$1.57
County Name			County Number	District N	lame			Legal Entity Number
Lincoln			27	Libby K	(-12 Schoo	ls		0522
Route #	Lengtl	h of Route	(miles per day)	Type of S		Bus Route Mile	_	Rated Capacity
3	28			Bus Ro	n □ oute Mileag	Non Bus Milea e	ge	71
Vehicle I.D. #	L	_icense #		□ District C			ontractor C	
3826 H423					t - If so, Name ted rate per m		arlows Sch	ool Bus Service
Reimbursement Distribution- En	nter the	legal entity		of state/cou	nty reimburse	ment to be pa	id to each dis	trict. Note: Percentages
Legal Entity		Legal Entit		Legal Ent	tity		Legal Entity	/
0522								
% 100.00		%		%			%	
PASSENGER INFORMATION								_
Number of Preschool/Kindergar riding this route	ten pup	ils	ELEMENTARY RIDER (Grades PK-8)	RS		SCHOOL RID (Grades 9-12)	DERS	TOTAL ELIGIBLE RIDERS
			a			b		C
Regular (include eligible Preschool/h	Kinderga	rten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten rid	lers)						
, ,								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed be the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							A. upperintendent as are not the State and county reimbursement for 0-126(2) MCA, signed by relation Committee in	
I certify that this application for r bus operates on the route as ap	proved						portation Con	
Signature - Chair, Board of Trustees	•						Date	
County 1 This Application for Registration area assigned to it by the Count	of Sch	ool Bus an						
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e Due Date All Routes	ven though tran s:	sportees of another legal o		lize the services.		Rate Per Mile \$1.57
County Name		County Number	District	Name		Legal Entity Number
Lincoln		27	Libby	K-12 Schools		0522
Route #	Length of Rou	te (miles per day)	Type of Service ☐ Bus Route N			Rated Capacity
11B	42		Bus R	□ Non Bu oute Mileage	s Mileage	72
Vehicle I.D. #	License a	#	□ District		Contractor	
0105	E540			ct - If so, Name of Ow cted rate per mile	ner Harlows S	chool Bus Service
Reimbursement Distribution- Er	nter the legal ent		ge of state/counatch budget!		o be paid to each o	listrict. Note: Percentages
Legal Entity 0522	Legal Er		Legal Er		Legal En	tity
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTA DV DID	EDC	LIICH COLIC	OL RIDERS	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RID (Grades PK-8)	EKS		s 9-12)	ELIGIBLE RIDERS
		a NUMBER			IBER	c a + b
Regular (include eligible Preschool/liriders)	Kindergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						_
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinder, Nonpublic School Riders (ineligible)	lance garten riders)					
TOTAL RIDERS						
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lic. We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.	We further certify to and bus route to meets the minimular ensed, qualified an iciting or causing of the laws, rules or the statistical be attached to	hat this bus transports pupils by the State Superintendent; to standards as established by ad approved driver to operate others to solicit students from regulations governing school to transports students from outs the county superintendent's county superintendent superintendent's county superintendent	eligible for sch to make such re y the Board of such vehicle as other transport transportation v side the district copy of this doc	ool transportation as defeports to the State Supe Public Education, the Ms required by 20-10-103, ation areas. will be sufficient cause for, a copy of the agreement transport to the sument.	rined by 20-10-101, M rintendent and County ontana Highway Patro MCA. or withholding of state int between Boards, 20	CA. / Superintendent as are of and the State and county reimbursement for 0-10-126(2) MCA, signed by
I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees	3				Date	
County This Application for Registration area assigned to it by the Coun	of School Bus		-			
Signature - Chair, County Transport	•				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services.							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D / D Mil
Due Dates				ounty Supt	:	То ОРІ		Rate Per Mile
All Routes			Octol	per 1		October 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Lincoln			27	Libby	K-12 Sch	hools		0522
Route #	Length of	Route	(miles per day)	Type of	Service	☐ Bus Route Mil		Rated Capacity
13	40			Bus R	□ Non Bus Mile. Bus Route Mileage			72
Vehicle I.D. #	Lice	nse #			☐ District Owned (Owned
0022	D627				ct - If so, N cted rate p	Harlows Sc	hool Bus Service	
Reimbursement Distribution- Er	nter the lega	al entity		of state/co		ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Leg	al Entity		Legal E			Legal Enti	ty
0522								
% 100.00	(%		%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar	ten pupils		ELEMENTARY RIDE (Grades PK-8)	RS	Н	IGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route								
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/k	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)	garten nuers,							
TOTAL RIDERS								
We hereby certify that this bus wi County Transportation Committee.	We further ce	ertify that	t this bus transports pupils e	igible for sch	ool transpor	tation as defined by	20-10-101, MC	Α.
We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	meets the m	inimum s	standards as established by	the Board of	Public Educ	ation, the Montana I		
We also agree to refrain from sol We understand that violations of	iciting or cau	sing other	ers to solicit students from ot	her transport	ation areas.		olding of state a	nd county reimbursement for
this bus route.		·					J	•
We agree that if this route crosse the school boards of both districts sh	nall be attach	ed to the	e county superintendent's co	py of this doo	cument.	· ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
We understand route changes or accordance with 20-10-132, MCA.	curring aurir	ng the sc	nool year require the filing of	an amended	IR-1 form	and approval of the	County Transp	ortation Committee in
I certify that this application for rous operates on the route as ap								
Signature - Chair, Board of Trustees	3						Date	
County 1	Transporta	tion Co	ommittee Approval as re	equired in	accordanc	ce with Section 2	0-10-132. MC	CA.
This Application for Registration area assigned to it by the Count	of School	Bus and	d State Reimbursement h					
Signature - Chair, County Transport							Date	_



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.							
Due Dates All Routes			County Supt ober 1	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Lincoln				K-12 Schools		0522	
Route #	Length of Rou	ite (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	-	Rated Capacity	
11	40	"	1 .	toute Mileage		72	
Vehicle I.D. # 0105	E540	#		: Owned (ct - If so, Name of Owner I cted rate per mile	Contractor C Harlows Sch		
Reimbursement Distribution- En	ter the legal en			unty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity Legal Entity 0522			Legal E		Legal Entit	у	
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/kriders)	Kindergarten	NOMBLIX		NOMBER		a i b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees					Date		
County T This Application for Registration area assigned to it by the Count	of School Bus	and State Reimbursement		accordance with Section accordance with Section accordance with Section 2			
Signature - Chair, County Transporta					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even		, , , , , , , , , , , , , , , , , , ,	,		•		
Due Dates: All Routes			To Co Octobe	unty Supt er 1	To OPI October 15		Rate Per Mile \$1.57
County Name		County Number	er	District	Name		Legal Entity Number
Lincoln					K-12 Schools		0522
Route #	Length of R	of Route (miles per day)		Type of	Service Bus Route M Non Bus Mile	-	Rated Capacity
	36	License #			oute Mileage	J	71
Vehicle I.D. # 6593	E538		[Owned ct - If so, Name of Owner cted rate per mile	Contractor (Harlows Scl	
Reimbursement Distribution- Ente	er the legal of		centage o	of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0522	Legal Entity Legal Entity		must mat	ch budget Legal E		Legal Entit	у
% 100.00	%			%		%	
PASSENGER INFORMATION							_
Number of Preschool/Kindergarte riding this route	n pupils	ELEMENTAF (Grades		:S	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
		a NUME			b NUMBER		c a+b
Regular (include eligible Preschool/Kir riders)	ndergarten	NOWL	JLIX		NOMBER		a i b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	ervice						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., ur miles OR nonresident and no attendar agreement) (Include ineligible Preschool/Kindergal	nce						
Nonpublic School Riders (ineligible)	,						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							
bus operates on the route as app Signature - Chair, Board of Trustees	roved by an	d within the transporta	ation serv	ice area a	ssigned by the County Trar	nsportation Cor	mmittee.
This Application for Registration of area assigned to it by the County	of School Bu Transportat	is and State Reimburstion Committee.			accordance with Section viewed and I certify that thi		
Signature - Chair, County Transportati	on Committee	e				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

	ize the services.					
Due Dates:To County SuptAll RoutesOctober 1	To OPI October 15	Rate Per Mile \$1.57				
County Name County Number District N	lame	Legal Entity Number				
Lincoln 27 Libby K	(-12 Schools	0522				
Route # Length of Route (miles per day) Type of S	_	Rated Capacity				
10 42 Bus Ro	□ Non Bus Mileage oute Mileage	78				
Vehicle I.D. #						
1 20170	t - If so, Name of Owner Harlows So ted rate per mile	chool Bus Service				
Reimbursement Distribution- Enter the legal entity number and percentage of state/cour must match budget!	nty reimbursement to be paid to each d	istrict. Note: Percentages				
Legal Entity Legal Entity Legal Entity Use Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Use Legal Entity	tity Legal En	tity				
% 100.00 % %	%					
PASSENGER INFORMATION						
Number of Preschool/Kindergarten pupils riding this route ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS				
a	b NUMBER	C				
Regular (include eligible Preschool/Kindergarten	NOWIDER	a + b				
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Service						
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance						
agreement) (Include ineligible Preschool/Kindergarten riders)						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees						
County Transportation Committee Approval as required in ac This Application for Registration of School Bus and State Reimbursement has been revi						
area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee	Date					



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ev		,			•		
Due Dates All Routes	:			ounty Sup	t To OPI October 15		Rate Per Mile \$1.80
County Name			County Number	District	Name		Legal Entity Number
Lincoln			27		K-12 Schools		0522
Route #	Length o	th of Route (miles per day)		Type of	f Service □ Bus Route Mi □ Non Bus Mile	-	Rated Capacity
18b	42			1	toute Mileage		84
Vehicle I.D. # 4896	D5	ense# 16			: Owned Ct - If so, Name of Owner Ct - If so, Name of Owner Cted rate per mile Cted rate	Contractor (Harlows Scl	
Reimbursement Distribution- Ent	ter the leg	al entity		e of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0522	Legal Entity Legal Entity			atch budget Legal E		Legal Entit	у
% 100.00		%		%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/Ki riders)	indergarten	1	NOMBLIX		NOMBER		u v b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ance)					
Nonpublic School Riders (ineligible)		ĺ					
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							
bus operates on the route as app Signature - Chair, Board of Trustees							
orginature - Orian, board or musitees						Date	
This Application for Registration area assigned to it by the County	of School y Transpo	Bus and rtation C	d State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta	tion Comm	ittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					nplete one form for e	each bus route that	
	· ·		, ,			Rate Per Mile	
Due Date: All Routes		Octo	ounty Supt ber 1	t To OPI October	15	\$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Lincoln		27	Libby	K-12 Schools		0522	
Route #	Length of Rou	te (miles per day)		f Service Bus Ro	oute Mileage	Rated Capacity	
11A	44		Bus R	⊔ Non Bu Route Mileage	us Mileage	72	
Vehicle I.D. #	License #	ŧ	□ District	Owned	Contractor		
0105	E540	□ Contract - If so, Name of Owne □ Contracted rate per mile					
Reimbursement Distribution- Er	nter the legal ent		of state/co		to be paid to each di	strict. Note: Percentages	
Legal Entity	Legal En		Legal E		Legal Enti	ty	
0522							
% 100.00	%			%			
PASSENGER INFORMATION							
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS	
riding this route		,			,		
		a			b ADED	C	
Regular (include eligible Preschool/I	Kindergarten	NUMBER		NOW	MBER	a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	I Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)							
agreement) (Include ineligible Preschool/Kinderg							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus w	ill operate entirely	on the route established by the	Board of Tru	Istees and within the trai	nsportation area assign	ed and approved by the	
County Transportation Committee. We agree to supervision of this b	We further certify to ous and bus route b	hat this bus transports pupils e by the State Superintendent; to	ligible for sch make such r	nool transportation as de reports to the State Supe	fined by 20-10-101, Mo rintendent and County	CA. Superintendent as are	
required; to provide a vehicle which Superintendent; and to provide a lice	ensed, qualified an	d approved driver to operate s	uch vehicle a	is required by 20-10-103		and the State	
We also agree to refrain from sol We understand that violations of					or withholding of state a	and county reimbursement for	
this bus route. We agree that if this route crosse					nt between Boards, 20	-10-126(2) MCA, signed by	
the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.					al of the County Transp	ortation Committee in	
I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees					Date		
This Application for Registration area assigned to it by the Coun	n of School Bus a						
Signature - Chair, County Transport					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimburse	ement even the	ough transp	ortees of another legal e	ntity may ut	ilize the service	es.		Data Dan Mila	
	e Dates:			ounty Sup		OPI		Rate Per Mile	
All	Routes		Octo	ber 1	O	ctober 15		\$1.57	
County Name			County Number	District	Name			Legal Entity Number	
Lincoln			27		Libby K-12 Schools			0522	
Route #	Leng	th of Route	(miles per day)	Type of		Bus Route Mile		Rated Capacity	
16	44			Bus R	n □ oute Mileag≀ا	lon Bus Milea e	ge	72	
Vehicle I.D. #		License #			District Owned Contractor Owned				
1198		H430			ct - If so, Name cted rate per m		arlows Sch	nool Bus Service	
Reimbursement Distribu	tion- Enter the	e legal entity		e of state/co		ment to be pa	id to each dis	trict. Note: Percentages	
Legal Entity		Legal Entit		Legal E			Legal Entity	У	
0522									
% 100.00		%		%			%		
PASSENGER INFORMA	ATION								
Number of Preschool/Kir riding this route		pils	ELEMENTARY RIDE (Grades PK-8)	RS		SCHOOL RID Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS	
			a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)			Nomber			HOMBER		u - 5	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC	C)								
Non-WC IEP Lists Trans as	Related Service	е							
TOTAL ELIGIBLE RIDE	RS								
Ineligible Public School Ride miles OR nonresident and n agreement)		3							
(Include ineligible Preschoo Nonpublic School Riders (in		iders)							
TOTAL RIDERS									
County Transportation Com We agree to supervision required; to provide a vehicl Superintendent; and to prov We also agree to refrain We understand that viola this bus route. We agree that if this rout the school boards of both di We understand route cha accordance with 20-10-132, I certify that this applicat bus operates on the rout	mittee. We furth of this bus and e which meets t ide a licensed, o from soliciting o ations of the laws ee crosses distric stricts shall be a anges occurring MCA. ion for registra te as approved	her certify that bus route by the minimum qualified and or causing others, rules or rect lines and trattached to the during the scation of schedules.	the route established by the at this bus transports pupils e the State Superintendent; to standards as established by approved driver to operate s ers to solicit students from o gulations governing school transports students from outsi e county superintendent's cochool year require the filing out only bus and state reimburthin the transportation see	digible for sch make such r the Board of uch vehicle a ther transpor ansportation de the distric topy of this doo f an amender	nool transportation eports to the State Public Education, so required by 20-tation areas. will be sufficient country, a copy of the agrument. If the tage and the true and comple	n as defined by 2 e Superintender, the Montana H 10-103, MCA. rause for withhour greement between approval of the 0 ete to the best	20-10-101, MC/ nt and County S lighway Patrol a liding of state ar en Boards, 20- County Transpo of my knowle portation Cor	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by artation Committee in dge and belief, and the	
Signature - Chair, Board of	Trustees				•		Date		
This Application for Regi area assigned to it by the	istration of Sch e County Tran	hool Bus an sportation (ommittee Approval as r nd State Reimbursement Committee.	•			bus operates		
Signature - Chair, County T	ransportation Co	ommuee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement ev		Rate Per Mile						
Due Dates All Routes			ounty Supt ber 1	To OPI October 15		\$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Lincoln		27	Libby	K-12 Schools		0522		
Route #	Length of Ro	ute (miles per day)		Service Bus Route M		Rated Capacity		
4	54		Bus R	□ Non Bus Mile coute Mileage	eage	71		
Vehicle I.D. #	License	#	□ District	Owned	Contractor C			
6601	E539							
Reimbursement Distribution- En	ter the legal e		e of state/co atch budget		aid to each dis	trict. Note: Percentages		
Legal Entity 0522	Legal Entity		Legal E		Legal Entity	Legal Entity		
% 100.00	%		%		%			
PASSENGER INFORMATION Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		NUMBER		c a + b		
Regular (include eligible Preschool/k riders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this bi required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from solf We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts she we understand route changes or accordance with 20-10-132, MCA.	We further certify us and bus route meets the minim ensed, qualified a citing or causing the laws, rules o s district lines ar all be attached to	that this bus transports pupils e by the State Superintendent; to um standards as established by and approved driver to operate s others to solicit students from o regulations governing school tr d transports students from outsi to the county superintendent's co	eligible for school make such rethe Board of such vehicle a sther transportation and the distriction of the distriction of this document.	nool transportation as defined by eports to the State Superintend Public Education, the Montana is required by 20-10-103, MCA tation areas. Will be sufficient cause for with the tacopy of the agreement betwoment.	y 20-10-101, MC/ ent and County S Highway Patrol a nolding of state ar reen Boards, 20-1	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by		
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees		·			Date			
County T This Application for Registration area assigned to it by the Count	of School Bus							
Signature - Chair, County Transporta					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement ev		,			•	one form for ea	ach bus route that
Due Dates All Routes	:			ounty Sup ber 1	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Lincoln			27		K-12 Schools		0522
Route #	Length of	gth of Route (miles per day)		Type of	Service Bus Route Mi Non Bus Mile	-	Rated Capacity
1	47			Bus R	oute Mileage	ŭ .	72
Vehicle I.D. # 8027	Lice H4	ense # ·29			Owned C ct - If so, Name of Owner I cted rate per mile	Contractor C Harlows Sch	
Reimbursement Distribution- Ent	ter the leg	al entity		e of state/co	unty reimbursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0522	Legal Entity Legal Entity			atch budget Legal E		Legal Entit	У
% 100.00		%		%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/Ki riders)	indergarten	1	NONBLIC		NOMBER		a i b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ance	3)					
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							
bus operates on the route as app Signature - Chair, Board of Trustees							
Signature Shair, Dodie of Trustees						Date	
This Application for Registration area assigned to it by the County	of School y Transpo	Bus and rtation C	d State Reimbursement		accordance with Section 2 viewed and I certify that this		
Signature - Chair, County Transportation	tion Comm	ittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement ev		,			•	one form for ea	ach bus route that
Due Dates : All Routes	:			ounty Sup	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Lincoln			27		K-12 Schools		0522
Route #	Length of	th of Route (miles per day)		Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	_	Rated Capacity
	49	,		Bus R	toute Mileage		77
Vehicle I.D. # 8839	Licer H43	nse # 32			: Owned Country Countr	Contractor (Harlows Scl	
Reimbursement Distribution- Ent	er the lega	l entity		of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0522	Legal Entity Legal Entity			atch budget Legal E		Legal Entit	у
% 100.00	9/	<u> </u>		%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		C
Regular (include eligible Preschool/Ki	indergarten		NUMBER		NOWBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ince						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
bus operates on the route as app Signature - Chair, Board of Trustees	and with	hin the transportation se	rvice area a	ssigned by the County Tran	sportation Cor	nmittee.	
This Application for Registration area assigned to it by the County	of School E Transport	Bus and ation C	d State Reimbursement		accordance with Section 2 eviewed and I certify that this	s bus operates	
Signature - Chair, County Transportat	tion Commit	tee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even	,			•	one form for ea	ach bus route that
Due Dates: All Routes		To Co Octo	ounty Supt ber 1	t To OPI October 15		Rate Per Mile \$1.80
County Name		County Number	District	Name	Legal Entity Number	
Lincoln		27	Libby	K-12 Schools		0522
Route # Le	Length of Route (miles per day)		Type of	F Service □ Bus Route Mil □ Non Bus Milea	-	Rated Capacity
9 48	48.8		Bus R	Coute Mileage	age	84
Vehicle I.D. #	e I.D. # License #		□ District		Contractor C	
9206	H431		□ Contra	ct - If so, Name of Owner L cted rate per mile		
Reimbursement Distribution- Enter	the legal entity		of state/co		aid to each dis	trict. Note: Percentages
Legal Entity	Legal Entit		Legal E		Legal Entit	у
0522						
% 100.00 PASSENGER INFORMATION	%		%		%	
Number of Preschool/Kindergarten riding this route	pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/Kinde riders)	ergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Ser	vice					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., unde miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarte Nonpublic School Riders (ineligible)	e					
TOTAL RIDERS						
We hereby certify that this bus will op County Transportation Committee. We f We agree to supervision of this bus a required; to provide a vehicle which mee Superintendent; and to provide a license We also agree to refrain from solicitin We understand that violations of the I this bus route. We agree that if this route crosses dis the school boards of both districts shall be we understand route changes occurred accordance with 20-10-132, MCA.	further certify that and bus route by the the minimum did, qualified and id, qualified and id, qualified and id, qualified and id, qualified and the aws, rules or regestrict lines and trace attached to the ing during the so	It this bus transports pupils e the State Superintendent; to standards as established by approved driver to operate s ers to solicit students from or gulations governing school transports students from outsi- e county superintendent's co- chool year require the filing o	ligible for sch make such r the Board of uch vehicle a ther transport ansportation de the district py of this door f an amended	nool transportation as defined by eports to the State Superintende Public Education, the Montana I is required by 20-10-103, MCA. tation areas. will be sufficient cause for withhout, a copy of the agreement between the course to the definition of the definition and approval of the	20-10-101, MC, ent and County \$ Highway Patrol a colding of state an een Boards, 20-County Transpo	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for registration of school bus and state reimble bus operates on the route as approved by and within the transportation significant school bus are stated in the school bus are school bus are stated in the school bus are school						
Signature - Chair, Board of Trustees					Date	
County Tran This Application for Registration of sarea assigned to it by the County Tr	School Bus an	d State Reimbursement I		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transportation		567111111111111111111111111111111111111			Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						ne form for e	ach bus route that
		•					Rate Per Mile
Due Dates All Routes	::	To Co Octob	ounty Supt per 1		o OPI ctober 15		\$1.57
County Name		County Number	District	Name			Legal Entity Number
Lincoln		27	Libby	K-12 Schoo	ls	0522	
Route #	Length of Route	(miles per day)		Type of Service ☐ Bus Route Mi			Rated Capacity
12	67.8		Bus R	oute Mileag	lon Bus Mileaç e	ge	71
Vehicle I.D. #	License #		□ District	Owned	Co	ontractor (
7360	H434	□ Contract - If so, Name of Owner□ Contracted rate per mile				arlows Sc	hool Bus Service
Reimbursement Distribution- En	ter the legal entity				ment to be pai	d to each dis	strict. Note: Percentages
Legal Entity	Legal Entit		tch budget Legal Ei			Legal Enti	ty
0522							
% 100.00	%	%			%		
PASSENGER INFORMATION							
Number of Preschool/Kindergart	en pupils	ELEMENTARY RIDE (Grades PK-8)	RS		SCHOOL RID Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
riding this route		(= = = = = = = = = = = = = = = = = = =		`	,		
		a			b		C .
Regular (include eligible Preschool/K	indergarten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda							
agreement) (Include ineligible Preschool/Kinderga							
Nonpublic School Riders (ineligible)	arteri fidele)						
TOTAL RIDERS							
We hereby certify that this bus wil	Lonerate entirely on	the route established by the	Board of Tru	stees and within	the transportation	n area accion	ed and approved by the
We hereby certify that this bus wil County Transportation Committee. V We agree to supervision of this bu required; to provide a vehicle which r	We further certify that us and bus route by	t this bus transports pupils el the State Superintendent; to	igible for sch make such re	ool transportatior eports to the Stat	n as defined by 2 e Superintenden	20-10-101, MC at and County	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from solid We understand that violations of t	citing or causing oth	ers to solicit students from ot	her transport	ation areas.		ding of state a	nd county reimbursement for
this bus route. We agree that if this route crosses					greement betwee	en Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sh. We understand route changes occ					approval of the C	County Transp	ortation Committee in
accordance with 20-10-132, MCA. I certify that this application for re							
bus operates on the route as ap Signature - Chair, Board of Trustees	proved by and wit	hin the transportation ser	vice area a	ssigned by the		portation Co	mmittee.
<u> </u>							
This Application for Registration		ommittee Approval as re					
area assigned to it by the Count			nas been re	viewed and I c	ertify that this I	ous operates	s within the transportation



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement events.						complete o	ne form for e	ach bus route that	
		igii iiaiispi	•					Rate Per Mile	
Due Dates All Routes			To Co Octol	ounty Supt per 1		PI ber 15		\$1.57	
County Name			County Number	Name			Legal Entity Number		
Lincoln			27 Libby K-12 Schools					0522	
Route #					Service Bus	Route Miles		Rated Capacity	
5					oute Mileage	Bus Milea	ge	71	
Vehicle I.D. #	Li	icense #		□ District	Owned		ontractor (
7633	6	125			ct - If so, Name of cted rate per mile	Owner H	arlows Sc	hool Bus Service	
Reimbursement Distribution- En	iter the le	egal entity		of state/co		nt to be pa	id to each dis	strict. Note: Percentages	
Legal Entity	L	egal Entity		Legal E			Legal Entit	.y	
0522									
% 100.00		%		%			%		
PASSENGER INFORMATION			ELEMENTARY RIDE	DQ.	HIGH SC	HOOL RIE)EDS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupil	ls	(Grades PK-8)	NO.		ades 9-12)		ELIGIBLE RIDERS	
			a			b		С	
Regular (include eligible Preschool/#riders)	Kindergart	ten	NUMBER		N	IUMBER		a + b	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg		ers)							
Nonpublic School Riders (ineligible)	<u> </u>	,,							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
		w4a4! ^	munitte e Ammunist -	annina di te		Costin- C	0 40 400 55	`^	
This Application for Registration area assigned to it by the Count	of Scho	ol Bus and							
Signature - Chair, County Transporta	ation Com	nmittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e					ete one form for e	each bus route that
	-					Rate Per Mile
Due Date All Routes		To Co Octo	ounty Supt ber 1	t To OPI October 15		\$1.80
County Name		County Number	ounty Number District Name			Legal Entity Number
Lincoln		27	Libby K-12 Schools			0522
Route #	Length of Rou	te (miles per day)		f Service Bus Route		Rated Capacity
14	66		Bus R	□ Non Bus N Route Mileage	lileage	88
Vehicle I.D. #	/ehicle I.D. # License #			t Owned	Contractor	Owned
6754				ct - If so, Name of Owne cted rate per mile	r Harlows Sc	hool Bus Service
Reimbursement Distribution- En	nter the legal ent		of state/co		e paid to each di	strict. Note: Percentages
Legal Entity	Legal Er		Legal E		Legal Enti	ty
0522						
% 100.00	%		%		%	
PASSENGER INFORMATION	/0		/0		/0	
Number of Preschool/Kindergal	rten nunile	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL (Grades 9		TOTAL ELIGIBLE RIDERS
riding this route	Titeri pupiis	(Grades i 14-0)		(Grades 9	-12)	LEIGIBLE RIBERG
	<u> </u>	a		b		С
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBE	R	a + b
riders) 1st Wheelchair (WC)	runderganten					
2nd Wheelchair (WC)						
` '						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	d Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)						
agreement) (Include ineligible Preschool/Kinder						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w	ill aparata antiroly	on the route established by the	Poord of Tru	ustoon and within the transpor	ortation area assign	and and approved by the
County Transportation Committee.	We further certify t	that this bus transports pupils e	ligible for sch	nool transportation as define	d by 20-10-101, MC	CA.
We agree to supervision of this be required; to provide a vehicle which	meets the minimu	m standards as established by	the Board of	Public Education, the Monta	na Highway Patrol	
Superintendent; and to provide a lic We also agree to refrain from so	liciting or causing of	others to solicit students from o	ther transpor	tation areas.		
We understand that violations of this bus route.	the laws, rules or	regulations governing school tra	ansportation	will be sufficient cause for w	ithholding of state a	and county reimbursement for
We agree that if this route crosse the school boards of both districts s					etween Boards, 20-	-10-126(2) MCA, signed by
We understand route changes of accordance with 20-10-132, MCA.	ccurring during the	school year require the filing of	f an amende	d TR-1 form and approval of	the County Transp	ortation Committee in
I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees		within the transportation ser	vice alea a	issigned by the County 1	Date Date	mmucc.
County This Application for Registration		Committee Approval as r				
area assigned to it by the Coun	ty Transportation		ido Deeli le	Sviewed and rectiny that	<u> </u>	o within the transportation
Signature - Chair, County Transport	tation Committee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement eve					plete one form for e	each bus route that
	ir tilougir transp	•				Rate Per Mile
Due Dates: All Routes		Octob	ounty Supt per 1	t To OPI October	15	\$1.57
County Name		County Number	ty Number District Name			Legal Entity Number
Lincoln		27	Libby K-12 Schools			0522
Route #	# Length of Route (Service Bus Ro	ute Mileage	Rated Capacity
17	70		Bus R	□ Non Bu Loute Mileage	is Mileage	78
Vehicle I.D. #	License #		□ District	Owned	Contractor	
3965		□ Contra	cted rate per mile		hool Bus Service	
Reimbursement Distribution- Ente	r the legal entity		of state/co		o be paid to each di	strict. Note: Percentages
Legal Entity 0522	Legal Entir		Legal E		Legal Enti	ty
0322						
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTARY RIDE	DC	HIGH SCHO	OL DIDEDS	TOTAL
Number of Preschool/Kindergarter	n pupils	(Grades PK-8)	KS	(Grade		ELIGIBLE RIDERS
riding this route						
		a NUMBER		ł NUM) IRED	c a + b
Regular (include eligible Preschool/Kin riders)	dergarten	NOWBER		14010	IDEIX	a + b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Se	ervice					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., unmiles OR nonresident and no attendan						
agreement) (Include ineligible Preschool/Kindergan	ten riders)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus will o	perate entirely or	the route established by the	Board of Tru	I stees and within the trar	nsportation area assign	led and approved by the
County Transportation Committee. We We agree to supervision of this bus						
required; to provide a vehicle which me Superintendent; and to provide a licens	ets the minimum	standards as established by	the Board of	Public Education, the Mo	ontana Highway Patrol	
We also agree to refrain from solicit We understand that violations of the	ing or causing oth	ers to solicit students from ot	her transport	tation areas.		and county reimbursement for
this bus route. We agree that if this route crosses of			•		· ·	,
the school boards of both districts shall We understand route changes occu accordance with 20-10-132, MCA.	be attached to the	e county superintendent's co	py of this do	cument.		
I certify that this application for reg bus operates on the route as appr						
Signature - Chair, Board of Trustees	oved by and Wi	ami uic dansportation sei	vice alea a	soigned by the Count	Date	minutes.
County Tra This Application for Registration of area assigned to it by the County	f School Bus ar					
Signature - Chair, County Transportation					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement ev	ven though tran	sportees of another legal er	ntity may ut	ilize the services.		Rate Per Mile			
Due Dates All Routes		To Co Octob	ounty Supt per 1	To OPI October 15		\$1.80			
County Name		County Number	District	Name		Legal Entity Number			
Lincoln	coln 27			K-12 Schools		0522			
Route #	Length of Rou	te (miles per day)		Service Bus Route M		Rated Capacity			
8B	80		Bus R	□ Non Bus Mile coute Mileage	eage	84			
Vehicle I.D. #	License	‡	□ District	Owned	Contractor C				
4132	H425			ct - If so, Name of Owner cted rate per mile	Harlows Sch	nool Bus Service			
Reimbursement Distribution- En	ter the legal en		of state/co		oaid to each dis	trict. Note: Percentages			
Legal Entity 0522	Legal Er		Legal E		Legal Entity	у			
% 100.00	%		%		%				
PASSENGER INFORMATION Number of Preschool/Kindergard riding this route	ten pupils	ELEMENTARY RIDEI (Grades PK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS			
		a NUMBER		b NUMBER		c a + b			
Regular (include eligible Preschool/K riders)	Kindergarten								
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement fo this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees		•			Date				
County T This Application for Registration area assigned to it by the Count	of School Bus								
Signature - Chair, County Transporta					Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

1 copy ochool bisti

This form is required in accordant receives state reimbursement ex							one form for e	ach bus route that
Due Dates	-	•	To Co	ounty Sup		То ОРІ		Rate Per Mile
All Routes			October 1 Oc			October 15		\$1.80
County Name			County Number	District	Name			Legal Entity Number
Lincoln			27		K-12 Sch	nools	0522	
Route #	Length of	Route	(miles per day)	Type of		□ Bus Route Mil□ Non Bus Miles		Rated Capacity
8	76				oute Mile		age	84
Vehicle I.D. #	Vehicle I.D. # License #				Owned		Contractor (
4132	H42	25			ct - If so, N cted rate p		Harlows Sc	hool Bus Service
Reimbursement Distribution- En	ter the lega	l entity		of state/co		ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0522	Lega	al Entity		Legal E			Legal Enti	ty
				_			_	
% 100.00	9/	, 0		%			%	
PASSENGER INFORMATION		T	ELEMENTARY RIDE	RS	Т н	IGH SCHOOL RII	DERS	TOTAL
Number of Preschool/Kindergart riding this route	en pupils		(Grades PK-8)	NO.	1.11	(Grades 9-12		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/K riders)	lindergarten		NOMBER			NOMBLIC		a + 5
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)							
TOTAL RIDERS								
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this bus required; to provide a vehicle which in Superintendent; and to provide a lice We also agree to refrain from solice. We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts show understand route changes occacordance with 20-10-132, MCA.	We further ce us and bus romeets the minersed, qualified citing or caus the laws, rule as district lines all be attached.	rtify that bute by t nimum s ed and a sing othe s or reg s and tra ed to the	t this bus transports pupils e the State Superintendent; to standards as established by approved driver to operate si ers to solicit students from of ulations governing school tra ansports students from outsice county superintendent's co	ligible for sch make such r the Board of uch vehicle a ther transpor ansportation de the distric py of this do	nool transport eports to the Public Educa s required by tation areas. will be suffici t, a copy of the cument.	tation as defined by State Superintende ation, the Montana I y 20-10-103, MCA. ent cause for withhome agreement between	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20-	A. Superintendent as are and the State nd county reimbursement for 10-126(2) MCA, signed by
I certify that this application for rebus operates on the route as ap								
Signature - Chair, Board of Trustees					- /	·	Date	
County T This Application for Registration area assigned to it by the Count	of School E	Bus and						
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with T	itle 20, (Chapter 10, Part 1, MCA.	School dis	strict official	l must complete o	one form for e	ach bus route that
		ii tialisp						Rate Per Mile
Due Dates All Routes			Octol	ounty Supt per 1	I	To OPI October 15		\$1.80
County Name			County Number District Name					Legal Entity Number
Lincoln			27	Libby	K-12 Sch	nools		0522
Route #	Length of Route (miles per day)				Service	□ Bus Route Mil		Rated Capacity
8A	78				oute Mile	□ Non Bus Milea	age	84
Vehicle I.D. #					Owned	(Contractor (
4132		25		□ Contra	cted rate pe	er mile		hool Bus Service
Reimbursement Distribution- Er	nter the leg	gal entity		of state/co		ursement to be pa	aid to each di	strict. Note: Percentages
Legal Entity	Le	gal Entit		Legal E			Legal Enti	ty
0522								
% 100.00		%		%			%	
PASSENGER INFORMATION					T		5550	
Number of Preschool/Kindergar	ten pupils		ELEMENTARY RIDE (Grades PK-8)	RS	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route			,			,	,	
			a			b		c .
Regular (include eligible Preschool/h	 Kindergarter	n	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderd		.,						
Nonpublic School Riders (ineligible)		,,						
TOTAL RIDERS								
We hereby certify that this bus wi	ill onerate e	ntirely on	the route established by the	Board of Tru	Istees and wi	ithin the transportat	tion area assign	ed and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further ous and bus meets the n	certify that route by to ninimum s	t this bus transports pupils el the State Superintendent; to standards as established by	igible for sch make such r the Board of	nool transport eports to the Public Educa	tation as defined by State Superintende ation, the Montana	20-10-101, MC ent and County	A. Superintendent as are
We also agree to refrain from sol We understand that violations of	iciting or car	using othe	ers to solicit students from ot	her transport	tation areas.		olding of state a	and county reimbursement for
this bus route. We agree that if this route crosse						ne agreement betwe	een Boards, 20-	-10-126(2) MCA, signed by
the school boards of both districts shad we understand route changes of accordance with 20-10-132, MCA.						and approval of the	County Transp	ortation Committee in
I certify that this application for rouse operates on the route as ap								
Signature - Chair, Board of Trustees		and with	are transportation ser	4104 4	coignica by	and dodnity fruit	Date	
		_						
This Application for Registration area assigned to it by the County	of School	l Bus an						
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ch bus route that	
Due Dates All Routes				County Suprober 1	t To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number	District	Name	Legal Entity Number		
Lincoln Route #	Length	n of Route	27 (miles per day)		a Public Schools f Service □ Bus Route Mi □ Non Bus Mile			
1	81.2			Bus R	Coute Mileage		71	
Vehicle I.D. #		icense #		□ District	t Owned [lct - If so, Name of Owner	District Own	ed	
3311		208		□ Contra	cted rate per mile			
Reimbursement Distribution- En			must m	natch budget	t!			
Legal Entity 0527	L	egal Entity_ 05	/ 528	Legal E	intity	Legal Entity	/	
% 62.00		% 38.	00	%		%		
PASSENGER INFORMATION			ELEMENTA DV DID		LIIOU OOLIOOL DI	DEDO	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupi	ils	ELEMENTARY RIDI (Grades PK-8)	EKS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/kriders)	Kindergar	ten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten ride	ers)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-1011, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for r bus operates on the route as ap	proved I					sportation Con		
Signature - Chair, Board of Trustees						Date		
County 1 This Application for Registration area assigned to it by the Count	of Scho	ool Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance						e form for ea	ach bus route that
receives state reimbursement eve	en though tran	sportees of another legal en	uty may ut	ilize the serv	vices.		Rate Per Mile
Due Dates: All Routes		To Co Octob	unty Supt er 1	t	To OPI October 15		\$1.57
County Name		County Number	District	Name			Legal Entity Number
Lincoln		27	Eurek	a Public S	Schools		0527 0528
	Length of Rou	te (miles per day)	ay) Type of Service □ Bus Route M				Rated Capacity
3	67.6		Bus R	oute Mile	⊐ Non Bus Mileag aດe	е	72
Vehicle I.D. #	Vehicle I.D. # License #			Owned	Dis	strict Own	
6126			ct - If so, Na cted rate pe	me of Owner r mile			
Reimbursement Distribution- Ente	er the legal ent				rsement to be paid	d to each dis	strict. Note: Percentages
Legal Entity	Legal Er	itity	tch budget Legal E			Legal Entit	ry .
0527	0528						
% 62.00	%	38.00	%			%	
PASSENGER INFORMATION		ELEMENTA DV DIDEE	20	I		-00	TOTAL
Number of Preschool/Kindergarte riding this route	n pupils	ELEMENTARY RIDEF (Grades PK-8)	RS	HIC	GH SCHOOL RIDI (Grades 9-12)	=RS	TOTAL ELIGIBLE RIDERS
		a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/Kir riders)	ndergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	ervice						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., ur miles OR nonresident and no attendar agreement)	nce						
(Include ineligible Preschool/Kindergal Nonpublic School Riders (ineligible)	rten riders)						
TOTAL RIDERS							
We hereby certify that this bus will county Transportation Committee. We agree to supervision of this bus required; to provide a vehicle which m Superintendent; and to provide a licen We also agree to refrain from solici We understand that violations of the this bus route. We agree that if this route crosses the school boards of both districts shal We understand route changes occu accordance with 20-10-132, MCA.	e further certify to and bus route to eets the minimu sed, qualified arting or causing of e laws, rules or district lines and li be attached to urring during the	hat this bus transports pupils eli- by the State Superintendent; to r m standards as established by th d approved driver to operate su- others to solicit students from othe gulations governing school transports students from outsid the county superintendent's cop- school year require the filing of	gible for sch make such re he Board of ch vehicle a her transport nsportation v e the district by of this doc an amended	nool transporta eports to the \$ Public Educa s required by tation areas. will be sufficie t, a copy of the cument. d TR-1 form a	ation as defined by 20 State Superintendent tion, the Montana Hig 20-10-103, MCA. ent cause for withhold agreement between the approval of the Communication and approval of th	0-10-101, MC and County S ghway Patrol a ling of state a n Boards, 20- ounty Transpo	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for rebus operates on the route as application							
Signature - Chair, Board of Trustees	-	·				Date	
County Tra	ansportation	Committee Approval as re	quired in	accordance	e with Section 20	-10-132, MC	A.
area assigned to it by the County	of School Bus	and State Reimbursement h					



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that		
Due Dates All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Lincoln			27	Eurek	a Public Schools		0527 0528		
Route #	bute # Length of Route (miles per day)				f Service □ Bus Route Mi □ Non Bus Mile		Rated Capacity		
6 68.2				Bus F	Route Mileage	aye	72		
Vehicle I.D. # License #				□ Distric		District Own	ed		
8881	3	300			act - If so, Name of Owner acted rate per mile				
Reimbursement Distribution- Er	nter the I	legal entity		e of state/conatch budge		aid to each dis	trict. Note: Percentages		
Legal Entity	L	Legal Entit	ту	Legal E		Legal Entit	у		
0527			528						
% 62.00		% 38	3.00	%		%			
PASSENGER INFORMATION			ELEMENTA DV DID	ED0	LHOU COULOG! DI	2500	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupi	ils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/k	Kindergar	rten	NOMBLA		NOMBER		a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ers)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
This Application for Registration	of Scho	ool Bus an	d State Reimbursement		accordance with Section 2 eviewed and I certify that this				
area assigned to it by the Count Signature - Chair, County Transport	-		Committee.		-	Date			
5									



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev		,			•	one form for ea	ach bus route that		
Due Dates All Routes	:			ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$1.36		
County Name			County Number	District	Name		Legal Entity Number		
Lincoln			27		a Public Schools		0527 0528		
Route #	e # Length of Route (miles per day)				f Service Bus Route Mi Non Bus Mile	•	Rated Capacity		
2A 66.6				Bus R	Route Mileage	ŭ	65		
Vehicle I.D. # 8771	332	nse#			t Owned E ct - If so, Name of Owner cted rate per mile	District Own	ed		
Reimbursement Distribution- Ent			number and percentage			aid to each dis	trict. Note: Percentages		
Legal Entity	Lea	al Entity		atch budget Legal E		Legal Entit	v		
0527	209		528	Logai L	······y	Logai Linit	y		
% 62.00	0	% 38.	00	%		%			
PASSENGER INFORMATION		70 JO.		70		70	•		
Number of Preschool/Kindergart riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/K riders)	indergarten		NONBLIC		NOMBER		a i b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement)	ance								
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten riders))							
TOTAL RIDERS									
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I certify that this application for rebus operates on the route as app									
Signature - Chair, Board of Trustees	<u> </u>		,	-	, ,	Date			
County To This Application for Registration area assigned to it by the County	of School	Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta						Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that		
Due Date All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Lincoln			27	Eurek	a Public Schools		0527 0528		
Route #	oute # Length of Route (miles per day)				f Service Bus Route Mi Non Bus Mile		Rated Capacity		
4 48.2				Bus F	Route Mileage	age	72		
Vehicle I.D. # License #				□ Distric		District Own	ed		
1967	4	442			act - If so, Name of Owner acted rate per mile				
Reimbursement Distribution- Er	nter the I	legal entity		e of state/conatch budge		aid to each dis	trict. Note: Percentages		
Legal Entity	L	Legal Entit	ту	Legal E		Legal Entity	у		
0527			528						
% 62.00		% 38	3.00	%		%			
PASSENGER INFORMATION			ELEMENTA DV DID	ED0	LIIOU GOULGOL BI	2500	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupi	ils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/	Kindergar	rten	NOMBLIX		NOWBER		a · b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	lance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		iers)							
TOTAL RIDERS									
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County This Application for Registration					accordance with Section 2 eviewed and I certify that this				
area assigned to it by the Count Signature - Chair, County Transport	ty Trans	portation (,	Date	•		
Signature ontain, country frameport	-uon 001					20.0			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant							one form for ea	ach bus route that	
receives state reimbursement ev	ven tnouç	gn transpo	ortees of another legal er	itity may ut	ilize the ser	vices.		Rate Per Mile	
Due Dates All Routes			To Co Octob	ounty Supt per 1	t	To OPI October 15		\$1.36	
County Name			County Number	District	Name			Legal Entity Number	
Lincoln			27	Eurek	Eureka Public Schools			0527 0528	
Route #	Length	of Route	(miles per day)	Type of		□ Bus Route Mil□ Non Bus Milea		Rated Capacity	
2 49.2				Bus R	oute Mile		ige	65	
Vehicle I.D. # License #				□ District			District Own	ed	
8771 332					cted rate pe	ame of Owner er mile			
Reimbursement Distribution- En	ter the le	egal entity				irsement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity Legal Ent 0527				tch budget Legal E			Legal Entit	У	
% 62.00		% 38.	00	%			%		
PASSENGER INFORMATION		ı		20	1	CH SCHOOL BY	DEDC	TOTAL	
Number of Preschool/Kindergard riding this route	ten pupils	s	ELEMENTARY RIDEI (Grades PK-8)	3	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/k riders)	Cindergarte	en							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., wiles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance	re)							
Nonpublic School Riders (ineligible)	arten naci	13)							
TOTAL RIDERS									
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bus operates on the route as ap	proved b						sportation Cor		
Signature - Chair, Board of Trustees							Date		
County T This Application for Registration area assigned to it by the Count	of School	ol Bus and							
Signature - Chair, County Transporta	ation Com	mittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that	
Due Dates All Routes			County Suprober 1	t To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Lincoln		27	Eurek	a Public Schools		0527 0528	
Route #	Length of Rou	ite (miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	•	Rated Capacity	
8	154.2		Bus R	toute Mileage		72	
Vehicle I.D. # 6125	License 433	#	 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile				
Reimbursement Distribution- En		tity number and percentag			aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Er		natch budget Legal E		Legal Entit	v	
0527		0528	J	•			
% 62.00	%	38.00	%		%		
PASSENGER INFORMATION	7.0						
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/kriders)	Kindergarten	NOMBLIX		Nomber		u · s	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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I certify that this application for r bus operates on the route as ap	•			•	,	9	
Signature - Chair, Board of Trustees		are transportation se	or vice area a	oognee by the County Hall	Date		
County 1 This Application for Registration area assigned to it by the Count	of School Bus	and State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that
Due Dates All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$1.36
County Name			County Number	District	Name		Legal Entity Number
Lincoln			27	Eurek	a Public Schools		0527 0528
Route #	Length of Route (miles per day)		(miles per day)	Type o	f Service Bus Route Mi Non Bus Mile	-	Rated Capacity
7	105.1			Bus F	Route Mileage	aye	65
Vehicle I.D. #	Lic	cense #		□ Distric		District Own	ed
8173	40	01			act - If so, Name of Owner acted rate per mile		
Reimbursement Distribution- Er	iter the le	gal entity		e of state/co		aid to each dis	trict. Note: Percentages
Legal Entity	Le	egal Entity	1	Legal E		Legal Entit	у
0527		UE	528				
% 62.00		% 38.	00	%		%	
PASSENGER INFORMATION			ELEMENTA DV DID	-00	LHOU COULOG! DI	2500	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils	s	ELEMENTARY RIDI (Grades PK-8)	=RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/k		en	NOWBER		NOMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten rider	rs)					
TOTAL RIDERS							
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County 1 This Application for Registration					accordance with Section 2 eviewed and I certify that this		
area assigned to it by the Count Signature - Chair, County Transporta	ty Transp	ortation C			•	Date	•



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in	n accordance w	ith Title 20). Chapter 10. Part 1. MC	A. School d	strict official must complete	one form for ea	ach bus route that
			sportees of another legal				Rate Per Mile
	Due Dates: All Routes			County Sup tober 1	t To OPI October 15		\$1.57
County Name			County Number	District	Name		Legal Entity Number
Lincoln			27	Eurek	a Public Schools		0527 0528
Route #	Len	gth of Rou	te (miles per day)		f Service Bus Route M		Rated Capacity
5	86.	8		□ Non Bus Mileage Bus Route Mileage			72
Vehicle I.D. #		License #	‡	□ Distric	t Owned	District Own	ed
9686		162			ct - If so, Name of Owner acted rate per mile		
Reimbursement Distrib	bution- Enter th	e legal ent			ounty reimbursement to be p	paid to each dis	trict. Note: Percentages
Legal Entity		Legal En		match budge Legal E		Legal Entity	у
0527			0528				
% 62.00		% ;	38.00	%		%	
PASSENGER INFORI	MATION	70	55.55	,,		70	
Number of Preschool/I	Kindergarten pı	upils	ELEMENTARY RID (Grades PK-8)		HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a		р		C
Regular (include eligible f	Preschool/Kinder	garten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans	as Related Servio	ce					
TOTAL ELIGIBLE RIC	DERS						
Ineligible Public School R miles OR nonresident and		3					
agreement) (Include ineligible Presch		riders)					
Nonpublic School Riders							
TOTAL RIDERS							
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	egistration of So	chool Bus a	and State Reimbursemen		accordance with Section eviewed and I certify that the		
Signature - Chair, County	Transportation C	Committee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement of the Due Date All Route	even thou es:		oortees of another legal e		ilize the services.		ach bus route that Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Lincoln			27	Eurek	a Public Schools		0527 0528
Route #	Length	of Route	(miles per day)		Service Bus Route M		Rated Capacity
6A	85.6			Bus R	□ Non Bus Mile oute Mileage	eage	72
Vehicle I.D. #	L	icense #		□ District		District Own	ed
8881	3	300			ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- E	nter the le	egal entity				oaid to each dis	trict. Note: Percentages
Legal Entity 0527	L	₋egal Entit 0		Legal E		Legal Entity	
% 62.00		% 38	3.00	%		%	
PASSENGER INFORMATION							
Number of Preschool/Kinderga riding this route	ırten pupil	ils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool, riders)	/Kindergarl	ten					
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Relate	d Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e. miles OR nonresident and no atten							
agreement) (Include ineligible Preschool/Kinder		ers)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS							
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bus operates on the route as a Signature - Chair, Board of Trustee	pproved b	by and wit	thin the transportation se	rvice area a	ssigned by the County Trai	nsportation Cor	nmittee.
Signature - Chair, board of Trustee	:5					Date	
County This Application for Registratio area assigned to it by the Cour	n of Scho	ool Bus an	d State Reimbursement		accordance with Section viewed and I certify that the		
Signature - Chair, County Transpor	tation Com	nmittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for ea	ach bus route that
Due Dates All Routes				To Cou Octobe	nty Supt	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District	Name		Legal Entity Number
Lincoln			27		Eurek	a Public Schools		0527 0528
Route #	Leng	th of Rou	te (miles per day)		Type of	f Service □ Bus Route Mil □ Non Bus Milea		Rated Capacity
3A	11.3	3			Bus R	Coute Mileage	ige	72
Vehicle I.D. #		License #	<i>‡</i>		District		istrict Own	ed
6126		434				ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- En	nter the	e legal ent			f state/co h budget		aid to each dis	trict. Note: Percentages
Legal Entity		Legal En	itity		Legal E		Legal Entit	у
0527			0528					
% 62.00		% :	38.00		%		%	
PASSENGER INFORMATION			ELEMENTA DV			LIIOLI OOLIOOL BI	2500	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY F (Grades PK		5	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/h	Kinderga	arten	NOWBEN	`		NOMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	Э						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		iders)						
TOTAL RIDERS								
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						accordance with Section 2		
This Application for Registration area assigned to it by the Count	ty Tran	sportation		nent ha	s been re	eviewed and I certify that this	bus operates	within the transportation
Signature - Chair, County Transporta	ation Co	ommittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							ne form for e	ach bus route that
Due Dates All Routes				County Su tober 1	ıpt	To OPI October 15		Rate Per Mile \$1.15
County Name			County Number	Distri	ct Name			Legal Entity Number
Lincoln			27	Fort	ine Element			0529
Route #	Lengt	th of Route	(miles per day)	Type of Service ☐ Bus Route Mi			-	Rated Capacity
1	82			□ Non Bus Mile Bus Route Mileage			ige	54
Vehicle I.D. #		License #			rict Owned tract - If so, Na		istrict Own	ed
2652		542		□ Con	tracted rate pe	r mile		
Reimbursement Distribution- Er	nter the	legal entity		ge of state/ natch budg		rsement to be pa	id to each dis	strict. Note: Percentages
Legal Entity 0529		Legal Entit			Entity		Legal Entit	у
0329								
% 100.00		%		%			%	
PASSENGER INFORMATION			EL EMENTA DV DID		1116	211 221 221 PI	2500	TOTAL
Number of Preschool/Kindergar riding this route	ten pur	oils	ELEMENTARY RID (Grades PK-8)		HIC	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/k riders)	Kinderga	arten	NOWBER			HOMBER		u · b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service		;						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		uers)						
TOTAL RIDERS								
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This Application for Registration area assigned to it by the Count	of Sch ty Trans	nool Bus an sportation (bus operates	
Signature - Chair, County Transport	ation Co	mmittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.							one form for e	
Due Dates All Routes				County Subber 1	upt	To OPI October 15		Rate Per Mile \$0.95
County Name			County Number	Distr	ict Name			Legal Entity Number
Lincoln			27		tine Elemer			0529
Route #	Length of	Route	(miles per day)	Туре		☐ Bus Route Mi☐ Non Bus Miles		Rated Capacity
2	42				Route Mile	eage	ŭ	35
Vehicle I.D. #		nse#			rict Owned tract - If so Na	ame of Owner L	Contractor (enore Bure	
0826	TEN			□ Con	tracted rate pe	er mile		<u> </u>
Reimbursement Distribution- En			must m	e of state/ atch budg		ursement to be pa		
Legal Entity 0529	Lega	al Entity	/	Lega	Entity		Legal Enti	ty
% 100.00	9,	6		%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HI	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			а			р		C
Regular (include eligible Preschool/k	Kindergarten		NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders)							
TOTAL RIDERS								
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I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees			·			•	Date	
County T This Application for Registration area assigned to it by the Count	of School I	Bus and						
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						nplete one form for e		
Due Dates All Routes				County Sup	t To OPI October	15	Rate Per Mile \$1.15	
County Name			County Number	District	Name		Legal Entity Number	
Lincoln			27		Elementary		0534	
Route #	Length of	of Route (miles per day)	Type o		oute Mileage us Mileage	Rated Capacity	
7	44			1 '	Route Mileage		59	
Vehicle I.D. #		cense # 16		 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile				
Reimbursement Distribution- Er	nter the le	gal entity		e of state/co	ounty reimbursement t	o be paid to each di	strict. Note: Percentages	
Legal Entity 0534	Le	egal Entity		natch budge Legal E		Legal Enti	ty	
% 100.00		%		%		%		
PASSENGER INFORMATION	-	,,,		70		7.0		
Number of Preschool/Kindergar riding this route	ten pupils	s	ELEMENTARY RIDI (Grades PK-8)	ERS		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS	
			a NUMBER			b MBER	c a+b	
Regular (include eligible Preschool/kriders)	Kindergarte	en	NOMBER		110.0	.DE.T.		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance	ra)						
Nonpublic School Riders (ineligible)	jarten nuer	15)						
TOTAL RIDERS								
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accordance with 20-10-132, MCA. I certify that this application for rouse operates on the route as application.								
Signature - Chair, Board of Trustees		g and with	are transportation se	on vioc area (accignica by the count	Date		
			mmittee Approval as					
This Application for Registration area assigned to it by the Count	ty Transpo	ortation C		nas been r	eviewed and I certify t	· .	s within the transportation	
Signature - Chair, County Transport	ation Comn	mittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$1.36 County Name County Number District Name Legal Entity Number Trego Elementary 0534 Lincoln Type of Service □ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 5a 31.6 66 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 6412 359 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0534 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that
Due Dates All Routes				County Su tober 1	ıpt	To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	Distri	ct Name			Legal Entity Number
Lincoln			27		go Element	ary		0534
Route #	Length o	of Route ((miles per day)	Туре		□ Bus Route Mil□ Non Bus Milea	-	Rated Capacity
5	31.6			Bus	Route Mile		ige	71
Vehicle I.D. #	Lice	ense #			ict Owned	E ame of Owner	istrict Own	ed
5486	57			□ Con	racted rate pe	er mile		
Reimbursement Distribution- En	iter the leg	gal entity		ge of state/ natch budg		ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0534	Le	gal Entity			Entity		Legal Entit	у
% 100.00		%		%			%	
PASSENGER INFORMATION			ELEMENTA DV. DID	EDC	1 111	CIT COLIOOF DI	DEDC	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RID (Grades PK-8)		HI	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/k riders)	Kindergarter	n	NOMBER			NOMBER		u + 5
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance	.)						
Nonpublic School Riders (ineligible)	arten nuers	>)						
TOTAL RIDERS								
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Signature - Chair, Board of Trustees					0		Date	
		ation 2	mmittee Augusta	ua accione d	la accaule:	o with Ocation o	0 40 400 550	· A
This Application for Registration area assigned to it by the Count	of School y Transpo	l Bus and ortation C					bus operates	
Signature - Chair, County Transporta	ation Comm	nittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Rate Per Mile Due Dates: All Routes County Name Trego Elementary Type of Service Bus Route Mileage Non Bus Mileage Non Bus Mileage State Capacity Bus Route Mileage Vehicle I.D. # District Owned District Owned	r						
All Routes October 1 October 15 \$1.36 County Name County Number District Name Legal Entity Number Lincoln 27 Trego Elementary 0534 Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity 4a 55.4 Bus Route Mileage 66	r						
Lincoln 27 Trego Elementary O534 Route # Length of Route (miles per day) Type of Service Bus Route Mileage Non Bus Mileage Non Bus Mileage Bus Route Mileage 66	r						
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Non Bus Mileage 55.4 Bus Route Mileage 66							
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Non Bus Mileage 55.4 Bus Route Mileage 66							
4a 55.4 Bus Route Mileage 66							
But Note Mileage							
G412 Contract - If so, Name of Owner Contracted rate per mile	□ Contract - If so, Name of Owner						
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percenta must match budget!	ages						
Legal Entity Legal Entity Legal Entity Legal Entity							
0534							
% 100.00 % %							
PASSENGER INFORMATION							
Number of Preschool/Kindergarten pupils riding this route ELEMENTARY RIDERS (Grades PK-8) (Grades 9-12) ELIGIBLE RIDER	เร						
a b c NUMBER NUMBER a+b							
Regular (include eligible Preschool/Kindergarten							
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance							
agreement) (Include ineligible Preschool/Kindergarten riders)							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation committee.	ition						
area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date							



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that			
Due Dates		.g.,	ŭ	County Sup			Rate Per Mile			
All Routes				ober 1	October 15		\$1.57			
County Name			County Number	District	Name		Legal Entity Number			
Lincoln			27	Tread	Elementary		0534			
Route #	Length	of Route	(miles per day)		f Service Bus Route M		Rated Capacity			
4	55.4			Bus F	□ Non Bus Mile Route Mileage	age	71			
Vehicle I.D. #	L	License #		□ Distric	t Owned [District Own	ed			
5486	5	577								
Reimbursement Distribution- Er	nter the l	egal entity		ge of state/conatch budge		aid to each dis	trict. Note: Percentages			
Legal Entity	L	_egal Entity		Legal E		Legal Entit	у			
0534										
% 100.00		%		%		%				
PASSENGER INFORMATION			ELEMENTARY RID	ED0	LUQUI QQUQQU D	DEDO	TOTAL			
Number of Preschool/Kindergar riding this route	ten pupi	ils	(Grades PK-8)	EK3	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS			
			a NUMBER		b NUMBER		C			
Regular (include eligible Preschool/k	 Kindergar	ten	NOWBER		NOWBER		a + b			
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend										
agreement) (Include ineligible Preschool/Kinderg		ers)								
Nonpublic School Riders (ineligible)										
TOTAL RIDERS										
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County 1 This Application for Registration					accordance with Section eviewed and I certify that this					
area assigned to it by the Count Signature - Chair, County Transport			Committee.		•	Date	·			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	ince with	Title 20 C	Chapter 10 Part 1 MCA	School di	strict official	l must complete o	ne form for ea	ach bus route that	
receives state reimbursement e									
Due Dates: All Routes			To County Supt To OPI October 1 October			To OPI	Rate Per Mile \$1.15		
						October 15			
County Name			County Number District Name				Legal Entity Number		
Lincoln			27	Trego Elementary		arv		0534	
Route # Length of Route		of Route			f Service	□ Bus Route Mileage		Rated Capacity	
8 22			Bus R		□ Non Bus Mileage Route Mileage		ge	59	
Vehicle I.D. # License #				□ District Owned			District Owned		
2147 416			□ Contract - If so, Name of Owner□ Contracted rate per mile						
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages									
Legal Entity Legal			must mate Entity		ch budget! Legal Entity		Legal Entity		
0534			,		,				
% 100.00		%		%			%		
PASSENGER INFORMATION		T	ELEMENTARY RIDE	RS	HI	GH SCHOOL RIE	DERS	TOTAL	
Number of Preschool/Kindergarten pupils riding this route		Is	(Grades PK-8)			(Grades 9-12)		ELIGIBLE RIDERS	
naing this route									
			a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)		ten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related Service									
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., under 3									
miles OR nonresident and no attendance agreement)									
(Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
TOTAL NIBERO									
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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the route as approved by and within the transportation service area assigned by the County Signature - Chair, Board of Trustees						tne County Trans	sportation Cor Date	mmittee.	
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.									
This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that the area assigned to it by the County Transportation Committee.							bus operates	within the transportation	
Signature - Chair, County Transportation Committee							Date		